WINDSOR

RURAL DISTRICT

ANNUAL REPORT

OF

MEDICAL OFFICER

OF HEALTH

1962

To The Chairman and Councillors of the

Windsor Rural District.

Mr. Chairman, Madam & Gentlemen,

Accompanying the usual statistical report this year is a rather unusual brief summary of some of the help that can be provided to an individual concerning health matters during the course of his life. Some recent advances are touched upon but generally, though not entirely, the account is on the services provided by the local health authority.

It is more difficult to go into detail about such services in the Rural District where the day to day administration is not delegated by the County Council as in the case of Windsor Borough, but it is hoped that next year's report can be a little more specific in such detail. Local administration has the advantage of a more personal touch in the service but where the population is below a certain density there are very practical difficulties. As far as the Old Windsor area is concerned the County services could be expanded from Windsor Borough to give the necessary cover and this may well be worthy of consideration.

The fact however that my office is in Windsor produces no more difficulty than is experienced by many authorities where all the departments are not housed in the one building. Contact is easy by telephone where necessary between regular sessions at the Rural District offices and I would like to express my appreciation of the co-operation of Mr. Rowsell and his staff. At the same time I must thank the Chairman and members of the Health and Housing Committee for their tolerance in releasing me early when, as not infrequently happens, meetings of the Borough and the Rural District occur on the same evening though fortunately at different times.

/The Council

The Council will I am sure appreciate the co-ordination which exists between the departments due to the always helpful co-operation of my fellow officers Mr. Allen and Mr. Yates.

I am,

Your obedient Servant,

S.J. McCLATCHEY

M.B., B.Ch., B.A.O., D.P.H.

Medical Officer of Health.

HEALTH AND HOUSING COMMITTEE

Chairman ..... Councillor R.G. BECK

Chairman of the Council ..... Councillor J.H.F. MATTHEWS, J.P.

Members

Councillor Mrs. R.M. CARR

Councillor G.A.L. BROWN

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Councillor E.W. MacKICHAN (Capt. R.N.)

Councillor J. NICHOLL

Councillor C.J. SANDAVER

PUBLIC HEALTH OFFICIALS

Medical Officer of Health

S. J. McCLATCHEY, M.B., B.Ch., B.A.O., D.P.H.

Public Health Inspector and Building Surveyor

W. H. ROWSELL

Deputy Public Health Inspector
and Building Surveyor

W. E. BARKER

Clerical Staff

Miss H. RUSSELL Mrs. E.A. STRINGER

Rodent Operative

A. V. THOMPSON

Engineer in Charge of Sewage Pumping Station,

Blacknest - E. WOOD

Manager of the Sewage Disposal Works,

Bracknell - F. WALLACE

Foremen of Refuse Collection Staff

S'gdale & S'ghill - S. T. LaCOMBRE

Old Windsor - T. CHUBB

LIFE'S PHILOSOPHY ?

As one gets older one's philosophy may change and if fortunate may become more tolerant and understanding. The problems of life differ at various stages in one's life and taken reasonably are a challenge rather than a struggle, which when surmounted give satisfaction rather than relief.

It is suggested that in the present day more people are worried and anxious than ever before but upon what facts is this assumed? Certainly one is more conscious of the mental strains than ever before, though to health and social workers this is likely to be even more apparent, but too often it is forgotten that it is those with problems who claim one's attention and the vast numbers of content and happy members of the community are accepted without conscious thought.

What is the proportion in the population who are worried, and where does worry commence and contentment cease? No clear answer seems possible but one must seek a balance in life. There are those who seem to have more than their share of bad luck and yet retain their sanity. There are those who appear to have all that one could wish for materially and yet have never known true happiness or contentment.

Such thoughts are associated with the fact that as more and more physical illness is conquered more and more attention must be directed towards improving mental health whether or not mental illhealth is more common than before. Let it not be forgotten that the majority of families grow up without the personal tragedy of serious illness or death at a premature age which was all too common at the beginning of the century. No longer does true poverty exist as was known a century ago, though naturally the accepted minimum material standard is higher.

In the report which follows some of the more important aids to mental and physical health will be discussed with the emphasis on the part played by local authority services and some comment will be made on improvements still required.

Marriage - Before and After

The report of a Medical Officer of Health is not the place in whcih to go into great detail on the moral issues but some thoughts must be mentioned in addition to fact. Fact shows that the illegitimate birth rate (4.8%) is still considerable, It seems that pre-marital intercourse is quite common and even before school life has ended. It is claimed that some marriages are ruined in the honeymoon by lack of knowledge on the part of either one or both partners and would it not be better for both to have had some previous experience. Surely the answer is basically tolerance and understanding by both, which will be necessary also in so many other aspects of a happy marriage. At the same time there is no doubt that certain basic instruction will assist a considerable proportion. Ideally this can be given by parents but let it be faced that there will be many parents who are intellectually unsuited. The proportion of intelligent parents temperamentally unsuited will be minimal but it is a responsibility which should be accepted.

The writer is uncertain regarding "sex" education in school and whether it should be carried beyond the basic physiological stage. Some instruction seems required for certain children so as to avoid the shock of sudden discovery in perhaps an undesirable manner, though it is felt that the majority are stable children who accept and are adaptable and upon whom the facts of life quietly and unemotionally emerge somehow or other as time goes on. Here once again one seems to be directing one's energy to help a small minority and this applies to so many aspects of one's work in Public Health to-day.

The heading in this section is purposely ambiguous. Some knowledge is needed before marriage and some gained after marriage but how much by experience beforehand is not suggested here. Enough to say that some experience is gained before marriage and in a proportion results in pregnancy. Should then a "shot gun" marriage take place ? There are many factors to consider but one seems clear - that a marriage should not be forced for the sake of legitimacy. This would be a poor start to a marriage between a couple without genuine affection or respect for each other.

At this point it might be well to suggest that social and religious restrictions in relation to sex that have grown up over the ages cannot be lightly discarded. Basically it has probably been of necessity to provide security for the offspring and to some extent prevent the spread of venereal disease, but modern methods of birth control undoubtedly could affect the trend of thought in so-called free thinkers.

To those intending marriage advice can be given, particularly between near relatives such as cousins, as to the advisability if dominant factors in relation to certain hereditary diseases exist.

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At genetic clinics advice is given on a variety of hereditary possibilities and parents of a mongol child for instance can be advised as to the chances of a second such tragedy occurring if they have more children. This can be of immeasurable comfort to a mother's fear of "Can this happen again?" and perhaps her refusal to have any more children.

It may be of interest to suggest that in theory one type of muscular dystrophy could be abolished in one generation. It is a condition affecting males but transmitted by females. The sisters of all cases of Pseudohypertrophic Muscular Dystrophy are likely to be carriers, so their male children may well suffer from muscular dystrophy. If all such sisters refrained from producing children the carrier or transmission state would die out but this is approaching such controversy as might be engendered by Euthanasia and will not be proceeded with.

Marriage having been arranged many believe it is well to arrange a family rather than just "let it happen." For this purpose Family Planning Units give advice on reliable methods of birth control which do not otherwise interfere with a natural and pleasurable relationship. To those restricted by religious beliefs and practice only the control of nature exists and so places on the individual who wishes to plan a family considerable restriction on the spontaneity of normal married life.

A summary of how one can be assisted to avoid, to overcome, or at least to minimise the hazards which can beset one in a lifetime will now be given with some emphasis on the services of the local health authority.

Life begins in the ante-natal period and some mention has already been made relating to the choice of partner in producing this new life. There is no doubt that children generally are now much healthier than were those of a few generations ago. This is probably due more to having been produced from healthier stock than to the avoidance or even the now more effective treatment of the hitherto common illnesses of children. In both the local health authority staff together with the back room boys of research have played their part.

Ante-Natal Care

The findings, as yet uncompletely published, of the National Birthday Trust research in Perinatal Mortality[X] leave no room for complacency as to what had hitherto been regarded as unavoidable deaths. Just how much can be prevented by the most efficient ante-natal care can still be argued but the fact remains that the best standard of care is given to the vast majority of mothers attending hospital and local authority ante-natal clinics, while by no means all general practitioners reach such a high conscientious standard. The reason that the neglect is not more obvious is due to the fact that in this form of care one is guarding against the possible abnormality occurring in a small percentage of the mothers seen while the majority could manage quite satisfactorily without any ante-natal care at all. Efficient ante-natal care however still pays sufficiently large dividends for it to be applied by all.

It is not intended to enter into the vexed controversy of hospital versus home confinement except to say that with efficient ante-natal care and readily available specialist help in the unexpected emergency, there is no evidence that in Windsor a home confinement carries any more risk than a birth in hospital. What is more important, however, is the feeling of the mother once she has had a home confinement and invariably that is one of having been well cared for and wishing to have subsequent confinements at home.

All the midwives have been trained in the teaching of relaxation to expectant mothers and now share with Health Visitors this duty in addition to the teaching of mothercraft. As to the particular benefit of relaxation classes the Medical Officer of Health has no strong views as the effects will vary considerably according to the temperament of the individual. There is, however, a demand for such classes and each lady is given the opportunity to join.

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[X] Stillbirths and deaths in the first week, most of which are due to some defect present before birth or something occurring during the birth process.

More attention is now being given to those who appear to have a pregnancy lasting more than 42 weeks as postmaturity in certain circumstances is recognised to be another probable factor in perinatal deaths. Somewhat less attention is paid to the type of diet providing it is adequate and the routine administration of iron from early in the pregnancy is checked by at least two blood haemoglobin estimations. The routine test for blood group and Rhesus factor is carried out in all first pregnancies but one still encounters those in subsequent pregnancies whose ante-natal care by the family doctor does not include a haemoglobin estimation simply because the other blood details are already known from the first pregnancy.

The First Weeks of Life

In the past few years it has been found that certain congenital defects have a higher incidence related to a number of specific maternal factors and it is now the practice to keep an "At Risk" register for all births. This is of particular importance in helping to make an early diagnosis in deafness where it is important to treat and augment any limited hearing that exists at the earliest opportunity. It is too late if diagnosis is delayed until 9 or 12 months when the defect may be more readily apparent.

All "At Risk" births are referred to the special unit in the Audiology Department of the Royal Berkshire Hospital at Reading and the greatest praise is due to Dr. Murphy for his pioneering work, and it has been the proud privilege of members of the Windsor Health Department to have been associated with the director, Mr. Hunt Williams, in co-ordinating this important new work in its early stages.

In addition Health Visitors have also received some special instruction in assessing hearing as a routine at an early stage either in the clinic or the home and all doubtful cases are at once referred to the special unit. The treatment of discovered cases of partial deafness has to be carried out usually in the child's normal environment - the home - and much of this is naturally done by the mother after suitable instruction but there is need for suitably qualified teachers for this work on the staff of the County Health Department.

A particularly rare condition in relation to mental subnormality due to a defect in metabolism can be treated if diagnosed in the first month or so of life and this can now be diagnosed by a simple urine test which is carried out as a routine on all babies, but the condition is so rare that one may never occur in Windsor for very many years if at all.

However, the routine test for such a small return involves a negligible amount of time and material but does give some idea of the extreme stage that can be reached in preventive medicine. There are instances, one of which will be mentioned later, where a vast amount of time and technical work, not to mention the expense, can be spent on a very small return in relation to prevention of disease and one must justify this against the limiting effect, due to limited resources, that it may have on other more common conditions which require treatment. Prevention of the more common and crippling or killing conditions must still demand the major share of the resources available.

Congenital dislocation of the hip is not an uncommon condition. It can be diagnosed by a simple physical test at 2 to 4 weeks and should be looked for in all new babies. If present, treatment must be started at once at which stage recovery is usually simple and quick, but in the past most were missed until a child started to walk, usually delayed, when the abnormal gait became obvious. Treatment at this stage is very prolonged and often quite unsatisfactory.

This all points to the importance of routine and detailed examination of a baby in its first few weeks of life but it is more rewarding if carried out at about 2 to 4 weeks. Fortunately a very high proportion of children attend the infant welfare clinics in their first month of life where these routine examinations are carried out. It is probable that hospital born babies receive a full physical examination but as already mentioned certain conditions are not evident in the first week or two. Unless family doctors are prepared to carry out this work it stresses the importance of an early welfare clinic attendance for every child but it must remain the responsibility of every health visitor to see every new birth immediately the midwife's period of responsibility ends (10-14 days) and at least see that every mother is advised of the importance of routine examination at this early stage.

Much has been written in previous reports particularly about congenital heart defects, mental subnormality, "spastics" and similar neurological defects, and need not be repeated in this year's report except to state that facilities for helping both the physically and mentally handicapped in the county have improved.

The Toddler

The majority of young children are fortunately not caught by the net searching for the abnormal and by the time they have begun to walk and talk will already have passed by quite a formidable list of abnormalities and illnesses. Protection will have been given against Whooping Cough, Diphtheria, Tetanus and Poliomyelitis, and the major congenital defects will have been excluded.

In this period one should be conscious of the developing personality and the relationship the child is forming with his surroundings, not the least being with his mother. Passing thought will be given to physical wellbeing but a parent should be advised against concentration on this aspect and rather to the guidance of her child's natural qualities, abilities and, of course, difficulties and reactions.

Scope must be given to an enquiring mind and tolerance to frustration. The safety valve that blows with tantrums must be appreciated and patience given to the learning of new accomplishments. As time goes on teaching of some self discipline should take place with the sacrifice of benefits in times of failure. Self entertainment will have to be encouraged in some but one should be suspicious, in the quiet and withdrawn child, as to the cause of this state.

To most mothers this part is a natural one and is played with patience and resulting satisfaction, but there appears to be an increasing consciousness in trying too hard to do the right thing in child upbringing so that the overall commonsense and natural background to the whole matter is overshadowed by excessive concern in trivialities. This seems particularly evident in the rather intelligent and young mother with her first child, and with so much current writing on health matters in magazines it is not surprising that confusion and indecision sometimes results.

Health Visitors are taught to be on the lookout for signs of stress in the young child either resulting from imperfect relationship between mother and child or more indirectly as a result of strife between parents or other members of the family. Thus the importance of maintaining some form of routine home visiting by Health Visitors particularly as during the toddler stage attendance at clinic falls off. Clinics are used by the vast majority but home visiting, which is now more selective than routine, must pay special attention to those who are not seen at a clinic. During the third or fourth year of life all children are invited once by appointment to see the doctor, which gives a parent the opportunity to discuss matters which she may not have felt serious enough to ask for help earlier but which none the less can be assisted by experienced advice.

As will be appreciated little success can be achieved by telling a toddler at a clinic how he should behave, but the parent can be guided in her continual handling of a child and to the same end a remote control method of dealing with behaviour problems has been established for many years. In this, individual behaviour problems are discussed at fortnightly meetings between the clinic doctor, psychiatrist, health visitors and psychiatric social worker. The health visitors are advised concerning matters needing further enquiry and as to how the parent should be treated. Not infrequently it is the parent's attitude which is at fault rather than abnormal behaviour in the child. On occasions the pyschiatric social worker will visit the home to form an opinion on the parent and this is frequently done in the evening when the father is available. It is still felt that health visitors tend to keep too rigidly to office hours and so a father is seldom seen, but on the other hand there are many advantages in the use of a male psychiatric social worker as occurs in Windsor. In dealing with fathers a man to man attitude is often vital. It is only then in exceptional and established cases that

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reference is required to a Child Guidance Clinic and local experience suggests that health visitors are now more competent in dealing with early problems themselves and certainly the referral rate to the Child Guidance Clinic is reduced so that there is thus less waiting for an appointment when an urgent case arises.

The Place of Education

School entry will normally take place at about 5 years of age but before this time the Education Authority is responsible for the ascertainment of children who may appear severely subnormal or who have a serious physical handicap. Mention has been made earlier of the deaf child and for the deaf obviously some form of special education is necessary before attaining the normal age for school entry. Responsibility of the Education Authority starts in this respect at 2 years of age, though for the severely subnormal it may only be a matter of deciding ineducability and thereafter handing over responsibility to the Health Department.

With regard to the severely subnormal child it is felt that there is usually little need to hurry the formal "ascertainment" much before 5 years of age. In the earliest stages one may suspect this state when a child is late in sitting up, late in beginning to feed itself and late in talking, but it is best to allow the fact to dawn slowly on a parent rather than to sound very clever at an early stage by declaring the child as likely to be ineducable. Some record of the opinion with a note for attention at a later date is all that is necessary except in the occasional case when such a child of perhaps 2 or 3 years is too great a burden at home. It may then be necessary to arrange admission to a suitable institution.

By the age of 5 years, however, those who are educable must as a rule go to school. Exceptions occur in addition to those already mentioned but it is not intended to go into detail of all the various types of schools available for a variety of uncommon conditions. In many cases home teaching is arranged for those with some physical disability but often this is only necessary for a temporary period. The blind and partially blind must of course be catered for specially, as also those who are completely deaf.

Nursery schools are educational establishments and places are strictly limited so that only a few of those whose parents wish them to attend can actually do so. While it must be agreed that it is beneficial for a child of 3 years to mix with his fellows in some disciplined surroundings, there remains a feeling that many mothers are more guided by their own desire for a little relief than for the child's direct benefit.

To meet the demand for some form of communal supervision a "Play Group" organisation has commenced. This is a voluntary organisation with a national headquarters and one such group has started in Windsor. It is largely staffed by parents themselves on a rota basis but they include

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trained nursing staff among them. It is too early to give studied comments on this trend but the main difficulty would seem to be the provision of suitable premises. There is also a small number registered under the Child Minders Regulations but these cater for small groups of children usually between 6 and 10 in number in private residential accommodation. These obviously vary very much according to the person in charge and on the whole this trend meets with some misgivings. However, certain standards must be met before registration is approved. Some applicants find these rather difficult to comply with and a number of tentative applications have lapsed.

Health in Schools

Routine medical inspection has its antagonists but it seems that at school entry and on school leaving it is still worthwhile. In the former the parent meets the school doctor and some indication of what help the service can provide is given, not to mention the opportunity of assessing both parent and child at this important stage in a child's life, and the chance given to impart perhaps a few seeds on health education for the parents benefit.

Again greater effort should be directed to where it is more likely to be beneficial and this lies in the mental rather than the physical field. Physical examination, however, gives a basis for introduction and the parent, and if possible the child, should be encouraged to express their feelings on the situation at school. A routine physical examination in silence is likely to be quite useless.

Thereafter there seems to be more justification for examination of selected cases referred by the school nurse, head teacher or at a parent's request. Routine audiometry is probably best carried out in the junior school when a child has settled down at school and is co-operative. The testing of eyes is done at school entry but repeating at about 8 years old reveals a number of defects in eyes which had earlier appeared normal.

A great variation between teacher/ child relationship in schools as a whole is noted in going from school to school. There are those who seem to accept the less academically gifted among their pupils, do the best for them and keep them reasonably happy with a degree of self respect, while others seem to bring to light a number of children with symptoms of stress due to inherent inability to keep up to the demands made upon them. This is rather an oversimplification and does not take into account factors outside school but it is interesting and it seems likely that many children of certain temperament and ability could be happier at a school other than that of their parents choice, although at the same time it is appreciated that latitude in this respect is limited by place of residence. The work of the Educational Psychologist in schools was of great help to the School Medical Officer and his loss is regretted but one hopes for an early

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replacement and even an increased establishment of such staff in the county.

Special facilities are available through the Education Authority for those children who for one reason or another cannot benefit from education in the ordinary school or whose health or physical conditions render them unable to attend such a school. The blind and deaf are obvious examples of those who will need education in a special form and provision is made for a variety of others such as asthmatics and seriously crippled children. These will, in any locality, be few in number and it usually means attendance at a boarding school for that particular class of child. Part-time teachers are also provided for those who are unable to leave their own homes and for those who may have to spend a prolonged period in hospital.

By far the largest form of special education is that provided for the child of limited intelligence who cannot keep pace with his fellows and yet is still capable of learning. It is important that such children should be discovered early in their school career and that adequate teaching in small groups should be available. This may be either in a special school or in a special class in the ordinary school. The latter is an intermediate stage but shortage of staff and accommodation leaves this provision well below that which is required. The ascertainment of handicapped children is part of the School Medical Officer's work where he forms an important link between the child, his parents and his teachers.

During school life the earlier protective inoculations of infancy are boosted by further injection and at the age of 13 years protection against pulmonary tuberculosis is offered by B.C.G. vaccination.

Still further preparation for the time when a boy or girl will leave school and go out into the world is given in health education talks and demonstrations. This is largely carried out by specially trained School Nurses or Health Visitors and gives an outline of general hygiene and environmental and personal health measures. This form of education is less directed to grammar schools than to secondary schools where it seems the need as well as the time available is greater. Girls are advised in simple mothercraft as well as personal hygiene but the advisability of sex education is still not generally accepted. Comment has already been made regarding the suitability of parents in this respect. However, the occurrence of pregnancy through ignorance should not be accepted and here at least some knowledge of how pregnancy occurs must be given. As far as avoidance is concerned one can only at this early stage advocate continence and hope that fear will overcome the desire which in the first instance may not be far removed from simple exploration in a newly awakened urge.

While it is felt that one cannot be dogmatic in teenage sex issues, it must be accepted that evolution is taking place at an ever increasing pace. Not only are children remaining at school longer but they are developing earlier and the case of a pregnant schoolgirl should be no surprise.

When about to leave school those in the secondary school are interviewed by the Youth Employment Officer. In special circumstances and with the permission of the youth's parents he may be advised by the School Medical Officer that because of some illness or handicap a particular form of employment should be avoided. This together with the forwarding of records to the appointed Factory Doctors endeavours in a limited way to link future employment with health during school life but in practice occurs, or indeed is necessary, in only a few instances each year.

Adult Life

The young adult, apart from the expectant mother, attracts little attention from the health services of the local authority and indeed until later middle age, where special problems arise, most attention to adults is in respect of mental health.

While cases of definite mental illness do arise, the Medical Officer of Health sees few that arise in early adult life apart from puerperal mania. The Medical Officer of Health does, however, see many undergoing mental stress and it is astounding how much hardship one can stand and yet remain stable, while on the other hand there are those who crack up under difficulties which are common to vast numbers, most of whom fortunately weather the storm. For this reason it is very difficult for a Medical Officer of Health to accept the neurotic as one justifying his help in rehousing on medical grounds.

With middle age approaches the time of coronary thrombosis in men, hormonal disturbances in women and frequent mental depression in both. Cancers peculiar to women and lung cancer in men are attracting greater attention in education and prevention. In the former, talks on the early symptoms and detection of women's cancers stressing the importance of the earliest possible specialist advice will go some way to increasing the operative cure rate, and during the past year a series of such talks were given to various women's groups. This was a modest start but it is felt that it should be continued, always stressing the seeking of early advice. The attitude of not wishing to know if malignancy exists cannot be accepted. It is wellknown that men suffer more from lung cancer and the exact reason is still unknown, but statistics are sufficient to show that youth should be prevented from starting the habit of cigarette smoking.

Mental stress in middle life and the Coronary seem, at the moment, best dealt with by education towards a way of life and accepting where necessary a limitation of ambition or of exertion. Some attention has been given to the problem of middle life in earlier reports and although it is not intended to enlarge further at present, it is a period which will demand more of our health education efforts and is already recognised by progressive organisations in relation to

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management and directorial staff. Nothing is being done for the middle aged who form a considerable proportion of any family doctor's waiting room and who suffer from a variety of psychogenic complaints. Perhaps here another load may fall on the Health Visitor. The family doctor rarely has the time adequately to deal with the patient suffering from an established psychogenic disorder and yet it seems to be a problem which is best dealt with by him. In other words he needs some help but I doubt if the Health Visitor in her present state of training is quite adequate for the work. Perhaps this would further justify increasing the number of psychiatric social workers on the local health authority staff and their closer link with the General Practitioner.

Two other social or temperamental problems come to mind which can have such a bearing on health in middle life. A man may come home from work somewhat tired after, more likely than not, a considerable amount of contact with fellow workers, customers or clients and may well wish to relax in the peace and quiet of his own home. His wife on the other hand may have had little social contact during the day and looks forward to some form of distraction or entertainment during the evening. Such a situation is common particularly if a wife does not go out to work and at this age most likely the children, being older, are forming their own lives and friends. The greatest need is for tact and understanding on the part of both partners and those who have to deal with "neurotic" patients must remember that there are two sides to a story. The middle path of giving a little rather than complete selfishness is of course the answer and a man should, for a proportion of his evenings, look forward to returning home to his family.

This leads to the other problem either of the worker who spends too much of his time in the "pub" or the business executive who drinks to relax. While alcoholic beverages are excellent in small quantities taken regularly, and even in larger quantities on occasions, entertainment and relaxation through some other activity are more to be recommended. A hobby may be strenuous or sedentary and much depends on the individual's temperament and physique, but preferably there should be both. The fat man is however handicapped in the latter and strenuous exercise alone will not necessarily keep this under control. A reducing diet is often sufficient to make life itself lack one of its pleasures and one must accept that not enough is known in relation to diet, weight and health generally. Indeed all are not agreed on the relation between fat itself in diet and coronary disease. It may well be a genetic matter in the beginning.

Retirement and After

Preparation for retirement is fortunately being more widely considered and appreciated. It seems right that one should not have to continue to work until physically and mentally unable to do so, but if compulsory retirement is accepted any suggestion must be avoided that the community has no more use for an individual who has given his share

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during his prime. Retirement is indeed a very individual and personal problem, and time and space do not permit going into detail in this rapid survey of life's span. There is, however, a demand for workshops for the aged such as may be provided by either voluntary organisations or the local authority but these cater for a very small section of the older people. Encouragement of community activity of some form for those who wish it will undoubtedly make retirement a happier state where initiative and enthusiasm have not arranged a suitable pursuit.

Old People's Clubs are of course wellknown and provide an excellent form of comradeship for the able-bodied but these should be supplementary to, not in place of, neighbourly social intercourse among all age groups. Too often one finds an old person living cut off from the world who would dearly like occasional companionship of a younger neighbour and a social conscience must be encouraged towards this. At the same time, while making special provision, planners must be careful not to segregate groups of old people away from the community at large. It is however appreciated that health and social workers do not always think of the numbers who have happy and agreeable existences and so may have a biased view when speaking of the needs of the aged. The natural tendency is for the needy and the neglected to come to one's notice.

When physical or mental activities begin to fail an old person may need some support to maintain a separate household and the bulk of the Domestic Help Service is directed towards this. Later even this may be insufficient even with the help of the W.V.S. who provide a "Meals on Wheels" service, and admission to an Old Persons Hostel of the local authority can be arranged. These modern hostels are indeed excellent and provide comradeship with care and supervision and yet still allow a degree of privacy and independence.

The next stage is far from a happy one, not so much because it is the end of the line of life but because of the difficulties surrounding admission to a hospital for the Chronic Sick and indeed of the surroundings themselves. The majority of chronic sick hospitals, in spite of devoted staff and bright paintwork, are in cheerless unsuitable buildings and are much too congested. Perhaps the greater complaint however is the difficulty encountered in arranging admissions at short notice for urgent cases and little or no improvement has been obvious in the past ten years. Marked advances in rehabilitation have undoubtedly occurred which have increased the turnover in hospitals but not reduced the overall number needing admission. In extreme cases, while awaiting admission and where there are no friends or relatives

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available, it may be unsafe to leave an old person overnight. Here the Night Attendance Service comes to their aid. This is a service which is difficult to staff and is only used in exceptional circumstances but it is a most comforting stand-by for the health department to have available.

At the end of this unusual treatment of the Annual Report it is probably worth stating that it might have been more comprehensive and more detailed had not the pressure of routine, not to mention urgent, work of the Medical Officer of Health been less. There remains however the hope that subsequent reports may continue to show that for an area of its size the service to the community provided by the local authority ranks high and is in keeping with modern trends. Indeed the Night Attendance Service, though only used on occasions, is somewhat of a pioneer service and further advances in other fields are already in embryo.

STATISTICS

Area (in acres)	8,665
Home Population (Registrar-General's Estimate mid-year 1962)	15,940
Number of Inhabited Houses 1962 (estimated)	4,536
Rateable value at 31st December, 1962	270,384
Sum represented by a Penny Rate (year ending 31.3.63).. ...	£1,161

Causes of Death during 1962

	Male	Female
Tuberculosis, respiratory	-	-
Tuberculosis, other	-	-
Syphilitic Disease	-	-
Diphtheria	-	-
Whooping Cough	-	-
Meningococcal Infections	-	-
Acute Poliomyelitis	-	-
Measles	-	-
Other Infective & Parasitic Diseases	-	-
Malignant Neoplasm, Stomach	1	1
Lung, Bronchus	8	-
Breast	-	2
Uterus	-	4
Other Malignant & Lymphatic Neoplasms	11	5
Leukaemia, Aleukaemia	1	1
Diabetes	-	1
Vascular Lesions of Nervous System	21	19
Coronary Disease, Angina	24	9
Hypertension with Heart Disease	1	2
Other Heart Disease	8	14
Other Circulatory Disease	4	8
Influenza	3	-
Pneumonia	3	4
Bronchitis	13	3
Other Diseases of Respiratory System	1	-
Ulcer of Stomach & Duodenum	4	1
Gastritis, Enteritis & Diarrhoea	-	1
Nephritis & Nephrosis	1	-
Hyperplasia of Prostate	-	-
Pregnancy, Childbirth, Abortion	-	1
Congenital Malformations	-	-
Other defined and ill-defined Diseases	8	15
Motor Vehicle Accidents	3	-
All other Accidents	3	2
Suicide	-	1
Homicide & Operations of War	-	-
Totals	118	94

One maternal death occurred during the year and this is now such an unusual event that the most full investigations into the circumstances were carried out.

An enquiry was held to which the Medical Officer of Health was invited and included several consultants together with the resident doctors, sisters and nurses who had been present during the patient's stay in hospital.

Post mortem examination revealed the cause of death as being due to Eclamptic Toxaemia. In the majority of cases early toxaemia can be diagnosed during regular ante-natal examinations but there remains a small number which suddenly develop without prior warning signs. Investigations showed that this lady had adequate ante-natal care and there was no suggestio that her death could have been prevented.

The great majority of cases of Toxaemia are, however, preventable and efficient and adequately frequent ante-natal examinations play the major par It must be remembered that within a generation childbirth has, with such rar exception, ceased to carry any risk to the life of the mother (.003%).

Births

	Live Births		Stillbirths	
	Male	Female	Male	Female
Total	153	126	1	2
Legitimate	147	121	1	2
Illegitimate...	6	5	-	-

	Windsor R.D.	England & Wales
Birth Rate per 1,000 population ...	17.5	18.0

Infant Deaths.

	Male	Female
Total Deaths of Infants under 1 year	4	1
Legitimate	4	1
Illegitimate	-	-
Total Deaths of Infants under 4 weeks	3	1
Legitimate	3	1
Illegitimate	-	-

	Windsor R.D.	England & Wales
Death Rate per 1,000 population ...	13.3	11.9
Infant Mortality Rate	18.0	21.4
Perinatal Mortality Rate (Stillbirths & deaths of infants under 1 week of age)	25.1	
Maternal Mortality Rate ...	3.5	

Infectious Disease Notifications

	Under 1 yr.	1 to 2	3 to 4	5 to 9	10 to 14	15 to 19	20 to 34	35 to 44	45 to 64	65 and over	Total Notified.
Scarlet Fever	-	3	4	2	-	-	-	-	-	-	9
Food Poisoning	1	-	-	-	1	-	-	-	-	-	2
Dysentery	-	1	-	5	-	-	-	1	1	-	8
Typhoid Fever	-	-	-	-	-	-	1	-	-	-	1
Malaria	-	1	1	-	-	-	-	-	-	-	2
Puerperal Pyrexia	-	-	-	-	-	-	1	-	-	-	1
Measles	-	4	8	7	1	-	-	-	-	-	20

Tuberculosis

Age Groups	New Cases				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
0 years	-	-	-	-	-	-	-	-
1 year	-	-	-	-	-	-	-	-
5 years	-	-	-	-	-	-	-	-
15 years	-	-	-	-	-	-	-	-
25 years	-	2	-	-	-	-	-	-
35 years	-	-	-	-	-	-	-	-
45 years	-	-	-	-	-	-	-	-
55 years	-	-	-	-	-	-	-	-
65 years and upwards	-	-	-	-	-	-	-	-
TOTALS	-	2	-	-	-	-	-	-

During the year 1 inward transfer, 1 outward transfer and 5 recoveries were reported, giving a total of 100 cases on the register at the end of 1962.

REPORT OF PUBLIC HEALTH INSPECTOR
1962

INSPECTIONS, NOTICES SERVED AND REFERENCES TO AND OTHER WORK CARRIED OUT BY PUBLIC HEALTH INSPECTORS

NUMBER OF VISITS:-

Drainage	156
Water supplies	28
Swimming pools	12
Milk Supplies	44
Food inspections	42
Food premises	122
Itinerant Food Vendors	48
Bakehouses	12
Moveable Dwellings	52
Infectious Diseases	37
Miscellaneous Nuisances	103
Streams and Water Courses	36
Refuse Tip	32
Sewage Works	36
Pumping Stations	41
Public Conveniences	26

NOTICES:-

No. of informal notices served during the year under P.H.A's	45
No. of formal notices served during the year	15
Work carried out by Local Authority in default	Nil
Legal Proceedings	1

MILK SUPPLY

Details of samples submitted for Heat Treatment and Keeping Quality are set out hereunder.

	Pasteruised (Ordinary)		Pasteruised (T.T.)	
	Satisfactory	Failed	Satisfactory	Failed
Methylene Blue(Keeping Quality)	24	-	15	-
Phosphatase (Heat Treatment)	24	-	15	-

FOOD PREMISES

The following is a list of food premises in the District to which 122 visits were made during the year.

Butcher/Fishmongers	14
Greengrocers	8
Grocers, Confectioners etc	52
Restaurants & Cafes	5
Bakehouses	2
Dairies	2
Licensed Premises	30

UNSOUND FOOD

The undermentioned food was surrendered and destroyed as unfit for human consumption, during 1962.

Canned Products

Vegetables	5 lbs
Fruit	13 lbs
Fish	7 lbs
Meat	84 lbs

Fresh & Frozen & Cured Foodstuffs

Fish	70 lbs
Meat	85 lbs
Cheeses	3 lbs

WATER SUPPLY

The District has a piped water supply derived from the river Thames at Staines, and distributed after filtration and chlorination by the South West Suburban Water Co. A satisfactory degree of purity is maintained.

SWIMMING POOLS

During the year 8 samples of water were taken from swimming pools used by Schools and Institutions in the area, and all were found to be satisfactory after bacteriological examination.

HOUSING -SLUM CLEARANCE

During the year two clearances areas were represented, comprising - (1) A terrace of six dwellings at Old Windsor and (2) A block of three dwellings at South Ascot, and in December the Ministry confirmed a Compulsory Purchase Order in the first case and a Clearance Order in the second. In both cases the Minister authorised the payment of compensation in respect of certain dwellings which had been well maintained. Eight new dwellings were erected by the Local Authority and forty-three by private enterprise during 1962, and Improvement Grants totalling £8,318 were agreed in respect of 38 dwellings.

REFUSE DISPOSAL

The Council continue to operate and maintain a weekly clearance of household refuse, which is disposed of by controlled tipping at South Ascot, one mechanical Loader Shovel being used for this work. There is by no means unlimited land available in the area suitable for the disposal of refuse by tipping, and with this in mind, the problem was given considerable thought during the year, and Planning Consent was eventually obtained to the use of a further site also situated in South Ascot. This site however, was far from ideal, being water-logged and bounded on two sides by a water course, the Owners therefore, (a Charity Trust) eventually decided to recover the area by the tipping of innocuous material, i.e., soil, hard core etc. Some relief however, has been found by arranging with an adjoining Authority for disposal of the refuse from one Parish , and should the need arise, a further quantity from the remaining two Parishes in this District, while in November, a meeting at Officer level was held with four surrounding Authorities, to discuss the possibility of joint action in securing tipping sites. At the time of writing however, nothing very helpful has emerged, the difficulties of distance and compliance with Planning requirements, appearing to be very considerable. There are existing arrangements with Traders in the area, whereby for an agreed annual payment the Council will receive and dispose of Trade refuse conveyed to the Tip by the Traders themselves. A very considerable quantity of refuse is collected annually from the Ascot Race Course following the Race Meetings held between June and October.

SEWAGE DISPOSAL

Having been refused permission in 1959 to establish new Sewage Disposal Works at Blacknest, and having failed to find an appropriate alternative site, the Council were forced to consider modernising existing Works at Blacknest, and during the year under review, (on November 7th) the Minister held a Public Enquiry into the Council's modernisation scheme, During their search for an alternative means of disposal to the Blacknest proposals, the Council were invited by the Easthampstead Rural District Council to consider sharing that Authority's Works at Winkfield, but investigation into this matter showed that such a scheme would cost £130,000 over and above the estimated cost of modernising the existing Works at Whitmoor Bog, and on this account the proposal was not proceeded with. Meanwhile the existing disposal works become increasingly over-loaded and it would appear that at least another three years must elapse before modernisation is complete.

FACTORIES ACTS, 1937 to 1959

1. INSPECTIONS for purposes of provisions as to health(including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	10	1	-
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority ..	48	39	1	-
(iii) Other premises under the Act (excluding out-workers' premises)	-	-	-	-
TOTAL ..	54	49	2	-

FACTORIES ACTS Ctd.

2. Cases in which DEFECTS were found.

Particulars	No. of Cases in which Defects were found				Number of Cases in which Prosecutions were instituted.
	Found	Remedied	Referred To H.M. Insp'tr	Referred By H.M. Insp'tr	
(1)	(2)	(3)	(4)	(5)	(6)
Want of Cleanliness ..	-	-	-	-	-
Overcrowding	-	-	-	-	-
Unreasonable temperature	-	-	-	-	-
Inadequate ventilation	-	-	-	-	-
Ineffective drainage to floors	-	-	-	-	-
Sanitary Conveniences					
(a) Insufficient ..	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences (not including offences relating to Home-work)	2	2	-	-	-
TOTAL	2	2	-	-	-

FACTORIES ACTS Ctd.

PART VIII of the ACT

OUTWORK (Sections 110 and 111)

	Section 110			Section 111		
Nature of Work	No. of Out Workers in August list required by Sect.110 (1) (c)	No. of Cases of Default in sending list to the Council	No. of Prosecutions for Failure to Supply List	No. of Instances of Work in Unwhole - some Premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel Making etc	2	-	-	-	-	-
TOTAL	2	-	-	-	-	-